

Kansas Department of Health & Environment
Bureau of Community Health Systems

**Application for Contract Continuation
Kansas State Loan Repayment Program**

This application form is used to determine health professional eligibility for further loan repayment assistance through the Kansas State Loan Repayment Program (SLRP). If you need additional space to answer any of the questions, attach as many pages as needed and type your name, license number, and service site at the top of each page. Along with this form, you will need to submit updated Loan Information Forms and current loan balance documentation for each loan you are requesting Kansas State Loan Repayment Program assistance during the amended contract period. This application should not be submitted more than 90 days (3 months) prior to the end of the health professional's current service obligation.

1. Applicant information

Name (Last, First, Middle) _____, _____, _____
Social Security Number _____ - _____ - _____ US Citizen Yes _____ No _____
Date of Birth _____ Email _____
Address _____
City _____ State _____ Zip _____ County _____
Home Phone _____ Work Phone _____

2. Service Site Information

Employer _____
Address _____ County _____
City _____ State _____ Zip (9 digit) _____
Site Contact Person _____ Email _____
Phone _____ Fax _____

3. Eligible Loans

Please list all educational lender names and current loan balances for which you are requesting Kansas SLRP assistance under this amendment.

Lender 1 _____	Balance \$ _____ as of _____
Lender 2 _____	Balance \$ _____ as of _____
Lender 3 _____	Balance \$ _____ as of _____
Lender 4 _____	Balance \$ _____ as of _____

I certify that the information provided is accurate and complete to the best of my knowledge.

Signature of Applicant

Date

Signature of Authorized Site Representative

Date